

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Amanda Faith Atkinson

3373053

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

**VERSUS**

**CIVIL ACTION NO.** 2:18-cv-01518  
(Number to be assigned by Court)

South Central Regional Jail

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

\_\_\_\_\_

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3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

\_\_\_\_\_

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6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

**II. Place of Present Confinement:** \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No \_\_\_\_\_

C. If you answer is YES:

~~attached hereto~~ (Sent all copies of grievance)

1. What steps did you take? I wrote several grievances.

gave where I was diagnosed, address and number, told the Dr.

2. What was the result? No difference. Gluten Free

Trays with gluten all on the trays.

D. If your answer is NO, explain why not: \_\_\_\_\_  
\_\_\_\_\_

**III. Parties**

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Amanda Atkinson #3373053

Address: South Central Regional Jail, 1001 Centre Way  
Charleston, WV 25309

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: \_\_\_\_\_

is employed as: \_\_\_\_\_

at \_\_\_\_\_

D. Additional defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have chronic celiac disease. I have been here for almost 2 months. I told them in booking when I was being processed that I have celiac disease and can only eat gluten free food. I have wrote and told Medical. I was locked down for "observation" for 24hrs because my mother called the jail and said it was against the law to not give me a gluten free tray.

**IV. Statement of Claim (continued):**

while being locked down for observation, I never received a gluten free tray once. I've wrote several grievances which were ignored or just asked who diagnosed me. I gave Drs. names addresses and phone numbers. I wrote the Counselors nothing has been done. The response to the last grievance was Kitchen has been told again and they ordered me gluten free trays and there's nothing medical can do. Then they rejected my grievance my hands and feet keep going numb and I feel horrible. and my hands are swelling.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want to receive compensation for now almost 2 months of eating gluten because my health is deteriorating. I want to be fed a gluten free tray.

**V. Relief (continued)):**

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**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

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- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No X

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons:

I dont have the money  
to hire a lawyer for this case

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_

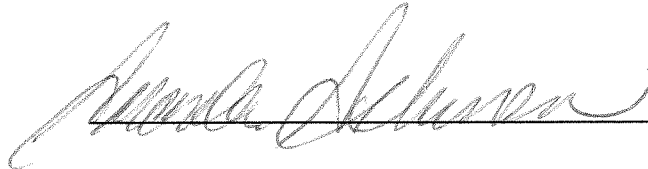
No X

If so, state the lawyer's name and address:

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Signed this 6th day of December, 20 18.



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Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/6/18  
(Date)



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Signature of Movant/Plaintiff

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Signature of Attorney  
(if any)